



## Hallandale Neighborhood Improvement Corporation

400 South Federal Highway, Room 242

Hallandale Beach, Florida 33009

(954) 457-1377 Fax: (954) 457-1342

### APPLICATION FOR FIRST TIME HOMEBUYER PROGRAM

#### APPLICANT

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Monthly rent \$ \_\_\_\_\_ Living at this address since: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ☐ Male ☐ Female How many will be living in new home?: \_\_\_\_\_

Marital status: ☐ Married ☐ Separated ☐ Unmarried (single, divorced, widow)

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Position: \_\_\_\_\_ Employed since: \_\_\_\_\_

Monthly income: \_\_\_\_\_ Bonus: \_\_\_\_\_ Overtime: \_\_\_\_\_

Alimony/Child support: \_\_\_\_\_ Other (explain): \_\_\_\_\_

SS / Disability / Pension: \_\_\_\_\_ TOTAL MONTHLY INCOME: \$ \_\_\_\_\_

#### CO-APPLICANT

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Monthly rent \$ \_\_\_\_\_ Living at this address since: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ☐ Male ☐ Female

Marital status: ☐ Married ☐ Separated ☐ Unmarried (single, divorced, widow)

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Position: \_\_\_\_\_ Employed since: \_\_\_\_\_

Monthly income: \_\_\_\_\_ Bonus: \_\_\_\_\_ Overtime: \_\_\_\_\_

Alimony/Child support: \_\_\_\_\_ Other (explain): \_\_\_\_\_

SS / Disability / Pension: \_\_\_\_\_ TOTAL MONTHLY INCOME: \$ \_\_\_\_\_

ALL OTHER HOUSEHOLD MEMBERS (Do not include Applicant and Co-Applicant listed on Page 1)

Name	Date of birth	Relationship	Gross monthly income

## ASSETS

Bank accounts: Checking, Savings, Certificates of Deposit, 401 K, etc.

Type of account	Bank / Institution	Balance
Checking		
Savings		
IRA		
401 K		
Stocks		
Bonds		
Mutual Funds		

## LIABILITIES

Installment (Bank) loans; Auto loans; Credit cards; Student loans, Hospital bills, and other debt. Include child support and alimony payments (Rent, utilities, cable, should not be included)

[illegible]

TOTAL DEBT:       \$ \_\_\_\_\_       \$ \_\_\_\_\_

**Applicant (s) represent that all of the above statements are true and correct and hereby authorize verification of the above information, references and credit records. I / we consent to the disclosure of such information for the purpose of income verification related to my / our application for housing assistance. I / we understand that any willful misstatements will be grounds for disqualification.**

**I / we understand that this program provides assistance only to 1st Time Homebuyers and I / we state that I / we have not owned any property for the last three (3) years prior to this date.**

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Applicant
Date

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Co-Applicant

Date